

BUILDING EMERGENCY PLAN FOR 10100 PIONEER BLVD. SANTA FE SPRINGS, CA 90670



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APPROVED:

A handwritten signature in black ink, appearing to read "James W. Kado". The signature is written over a horizontal line.

Department Emergency Coordinator Program, Manager

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BUILDING INFORMATION

10100 Pioneer Boulevard
Santa Fe Springs, CA 90670

INTRODUCTION

The Building Emergency Plan (BEP) provides emergency procedures for employee occupants and visitors of the building. Most of the building occupants are County employees from the Department of Health Services' Emergency Medical Services (EMS) Agency and the Los Angeles County Office of Education (LACOE). The EMS Agency personnel occupy a portion of the first floor and the entire second floor while LACOE occupies the other portion of the first floor and the entire third floor.

The plan establishes life safety emergency procedures for building occupants and a Building Emergency Coordinator and Evacuation Assistants to assist occupants and visitors with emergency procedures. Employee occupants assigned to the building are responsible to familiarize themselves with the plan to include:

1. Emergency Procedures
2. Person(s) assigned as the Building Emergency Coordinator(s) (BEC)
3. Location of life safety equipment and emergency supplies

The plan should be reviewed annually, updated as needed and made available to all building occupants.

Printed copies will be distributed annually or as revised to the following:

1. EMS Agency Director
2. LACOE Superintendent
3. LACOE Department Emergency Coordinator

IMPORTANT TELEPHONE NUMBERS

LIFE-THREATENING- for any Medical, Fire, or Law Enforcement emergency call:

***EMERGENCY 9-1-1**

(*Must dial 9 to access outside line, dial 9 then 9-1-1)

FOR NON-LIFE-THREATENING EMERGENCY such as power failure, someone stuck in elevator, flooding, broken window, vandalism, crowd or traffic control, traffic collision in parking lot, call:

Property Management	(310) 513-8942	Mobile (323) 559-4721
Assistant Property Manager	(310) 513-2400	Mobile (323) 633-6242
Building Engineer	(562) 805-7663	
Fire Department	(562) 944-9713	
Police Department	(562) 406-1850	
EMS Administrator on Duty	(562) 941-1037	
LACOE Security	(562) 922-6666	
LACOE Front Desk	(562) 940-1770	

BUILDING EMERGENCY COORDINATORS (BEC)

EMS Agency BEC	(562) 378-1504
LACOE Operations Specialist	(562) 940-1751

LACOE ASSISTANT BEC

Business Operations Mgr.	(562) 401-5360
Assistant Director, Fiscal	(562) 940-1743

EMS AGENCY EVACUATION ASSISTANTS

MAC Operations Manager	(562) 378-1502
Medical Alert Center Supervisor	(562) 941-1037
Informatics & Training RN	(562) 378-1506
EMS Reimbursement Coordinator	(562) 378-1590
Mgmt. Secretary	(562) 378-1606
Admin. Analyst	(562) 378-1630
Senior Typist Clerk	(562) 378-1649
Mgr. Pre-Hospital Operations	(562) 378-1678
Paramedic Specialist	(562) 378-1637
PTI Program Director	(562) 378-1571
Chief Hospital Operations	(562) 378-1661
Chief Pre-Hospital Operations	(562) 378-1677
Disaster Program Manager	(562) 378-1647
EMS Program Head	(562) 378-1688
Medical Director Secretary	(562) 378-1609
Information Technology Chief	(562) 378-1622
CDO Supervisor	(562) 378-1701
EMS Program Head	(562) 378-1632
PTI Receptionist	(562) 378-1580
Admin. Services Staff Assistant	(562) 378-1592
Hospital Program Coordinator	(562) 378-1655
Chief Pre-Hospital Operations	(562) 378-1674

EMERGENCY PROCEDURES

9-1-1 EMERGENCY NOTIFICATIONS

1. *Call 9-1-1 from a safe location to request assistance for any life threatening medical, fire, or law enforcement emergency (*must dial 9 to access outside line, dial 9 then 9-1-1)
2. Remain calm and be prepared to give the following information:
 - Nature of the emergency
 - Location
 - Related injuries of any victims
 - Answer the dispatcher's questions
 - Stay on the telephone until you are instructed to hang up

MEDICAL EMERGENCY

1. Call 9-1-1 from a safe location to request assistance for a medical emergency
2. When you are unable to make the call yourself, call out for help. When help arrives, direct bystanders to call 9-1-1 for you
3. When you witness an injury or medical emergency, comfort and assist the injured if you are able and it is safe to do so
4. Remain with the victim and do not move them unless they are in immediate danger or at risk of further injury
5. The person who called 9-1-1, if possible, should inform the patient and/or the person waiting with the patient that 9-1-1 has been activated
6. The person who called 9-1-1, if possible, should go and wait (or send someone to wait) outside for the responders to arrive, and then direct them to the patient
7. LACOE and Early Intervention Program employees are to notify LACOE Security
8. EMS Agency employees are to notify the Administrator on Duty
9. Automated External Defibrillators (AED) devices are accessible on each floor near the elevator and in the Coordinated Communication Center:
 - a. Audio instructions are built into the AED device. Turn on the device to activate audio-instructions.
 - b. No training is necessary to operate the AED; however, training is available upon request.
10. "Stop the Bleed" kits are co-located with the AED devices:
 - a. The kits are available and accessible to all building occupants. Kit orientation is available upon request.
 - b. Each kit contains (3) Tourniquets, (3) Quick Clot Bleeding Control Dressings, (3) Mini Compression Bandages, and (5) Pairs of Gloves

FIRE EMERGENCY

Building occupants are required by California Administrative Code, Title 19, to evacuate the building when the fire alarm sounds. In the event of a fire emergency:

1. **Rescue**
Immediately stop what you are doing and whenever possible remove anyone in immediate danger from the fire to a safe area
2. **Alarm**
Activate the nearest Fire Alarm Pull Station; call 9-1-1 from a safe location to report the location and extent of the fire
3. **Contain**

During evacuation close all doors and windows that you can safely reach to contain the fire. Never prop any doors open!

4. **Extinguish**

Only attempt to extinguish the fire when it is safe to do so; retrieve the nearest Fire Extinguisher and follow the "P.A.S.S." procedure:

P = Pull the pin breaking the plastic seal;

A = Aim at the base of the fire;

S = Squeeze the handles together; and

S = Sweep from side to side

Fire Alarm Pull Stations

Fire Alarm Pull Stations on the first floor are located near the Northwest and South entry doors. On the second and third floors, they are located near the stairwell exits. When an alarm is activated, white strobe lights and a constant audible horn will be heard throughout the building. This will activate the Fire Alarm Monitoring System located in the First-Floor Fire Control Room. **Occupants of the building should be familiar with the location of all fire alarm pull stations in their work area.**

Fire Extinguishers

Fire extinguishers are located adjacent to each Fire Alarm Pull Station. **Employee occupants of the building should be familiar with the location of fire extinguishers in their work area.**

Fire Alarm Monitoring System

The Fire Alarm Monitoring System includes smoke detectors, Fire Alarm Pull Stations and the fire sprinkler system. These are connected to an alarm system which is monitored 24-hours per day. When the system is activated, the Santa Fe Springs Fire Department is notified and will respond to the facility.

Emergency Lighting

Each floor of the building is equipped with emergency lighting that is powered by batteries. Building emergency lighting includes illuminated EXIT signs located on the ceiling at each end of the hallways, in the stairways and in each elevator lobby.

LAW ENFORCEMENT EMERGENCY

Call 9-1-1 from a safe location for any life-threatening emergency that involves crime, dangerous persons or threats of bodily harm.

ACTIVE SHOOTER INCIDENT

This is to provide building occupants with guidelines in response to an Active Shooter incident. An Active Shooter is an individual or individuals actively engaged in killing or attempting to kill people in a populated area, typically using firearms or other weapons.

Emergency Intercom System – EMS Agency Headquarters offices are equipped with CISCO telephones capable of overhead speaker announcements. If it is safe to do so, you can make an overhead announcement to alert personnel of an active shooter incident:

1. Using any desktop CISCO office phone, dial *6 and wait for the tone
2. Dial 00 and then wait for the tone
3. Make announcement "**ACTIVE SHOOTER**", "**ACTIVE SHOOTER**", "**ACTIVE SHOOTER**"

In preference and priority of order, there are three general options or responses when confronted by an Active Shooter situation.

RUN: (First preference)

- Call 9-1-1 and activate the emergency intercom system when safe to do so
- If there is an escape route, attempt to evacuate
- Evacuate whether others agree to or not
- Have an escape route in mind
- Leave your belongings behind
- Help others escape if possible
- Prevent others from entering the area
- Keep your hands visible to Law Enforcement Personnel as you exit the facility

HIDE: (Second preference)

- Hide in an area out of the shooter's view
- Lock and or blockade the door
- Hide behind furniture or large objects that may protect you if possible
- Silence your cell phone
- Remain very quiet

TAKE ACTION: (Third preference)

- Use improvised weapons
- If confronted directly and as a last resort when your life is in danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the shooter
- If you are moving it will be harder for the shooter to hit you

BOMB THREATS

Any bomb threat received should be considered real and should be reported to local law enforcement by calling 9-1-1. Notify your Manager or Administrator on Duty. Immediately clear the area and evacuate to the Pre-Designated Safe Refuge Area (Attachment).

Suspicious Package

Any package for which the owner cannot be located and or the circumstances around it are suspicious in nature (i.e. visible wires, oil stains, pipes, timers, left in a suspicious way, etc.) is to be considered suspicious. Additionally, suspicious packages include items with:

- Excessive postage
- No return address
- Excessive weight
- Incorrect titles
- Restrictive markings, such as confidential or personal
- Oily stains or discolorations

Safety Precautions

- Do not use cellular phones
- Do not use radio equipment
- Do not turn any lights on or off
- Do not touch the suspicious package
- Do not shake, shock or jar a suspicious package

- Do not attempt to cover a suspicious package
- Do not open any suspicious container or object
- Do not cut a string, cord or other item on a suspicious package
- Do not move the latch or hook on the cover of a suspicious container or object
- Do not raise, unscrew or remove the cover of a suspicious package
- Do not place a suspicious package into water

Telephone Bomb Threats

Most bomb threats are communicated by telephone. Remain calm and write down the exact wording of the threat. Whenever possible try to obtain the following information from the caller:

- Location of the bomb
- Description of the bomb
- Callers name
- Callers telephone number
- When is the bomb going to explode
- Reason for doing this
- Take a note of background sounds, caller's voice and accents
- Do not put the caller on hold and don't hang up until the caller does
- Complete the Bomb Threat Checklist after you arrive at the Pre-Designated Safe Refuge Area

CIVIL DISTURBANCES

Most demonstrations such as marches, picketing and rallies are peaceful, non-obstructive and are targeted at groups or agencies. They usually occur during normal business hours. Violent or disruptive demonstrations occur when injury to persons or property happen.

Peaceful Demonstrations

A demonstration may not be disbanded unless one or more of the following conditions exists as a result of the demonstration:

1. Interference with normal business operations
2. Prevention of access or egress to the office building
3. Threat of physical harm to persons or damage to the facilities
4. Disorderly conduct which disturbs the surrounding building area

In the event of a civil disturbance, occupants should contact Law enforcement by calling 9-1-1, your Manager or Administrator on Duty. LACOE personnel should contact building security. The caller should provide the following information to the 9-1-1 dispatcher:

1. Type of disturbance (march, picketing, rally)
2. Location of the demonstration
3. How many individuals are involved

Violent and Disruptive Demonstrations

In the event of a violent demonstration or riot in which injury to persons or property occurs or appears imminent, call 9-1-1 from a safe location. Inform your Manager or the Administrator on Duty. LACOE staff should contact building security. Whenever possible:

Direct employees to avoid dangerous areas

1. Consider safe evacuation routes and alternate Safe Refuge Areas
2. Prepare for Shelter in Place and or Building Evacuation procedures

BUILDING EVACUATION

There may be instances where the building would be evacuated without a Fire Alarm sounding. Evacuations may be signaled by audible or visual fire alarm, by building public address system or by a staff member. When evacuating:

1. Stay calm, do not rush or panic
2. Stop your work, when it is safe, save your work, otherwise leave immediately
3. Gather your personal belongings, when it is safe; otherwise leave immediately
4. Close your office door when it is safe to do so, **do not lock the door**
5. Use the safest stairwell and proceed to the nearest exit
6. **DO NOT USE THE ELEVATOR**
7. While walking downstairs, you may encounter emergency responders coming up, stay on the right side of the stairs in a single file line
8. Never proceed back up the stairs
9. If smoke is present, stay low to the ground but keep moving
10. Gather at your Pre-Designated Safe Refuge Area
11. Notify your manager and/or supervisor of any missing occupants from your group
12. Wait at your Pre-Designated Safe Refuge Area for further instructions
13. Do not re-enter the building until the "All Clear" signal has been given by emergency responders, management and/or supervisors.
14. FERNO evacuation chairs are located near each exit door on the 2nd floor, in the hallway, leading to the stairways
 - a. FERNO evacuation chairs are available to assist in evacuating persons who are unable to walk down the stairs
 - b. No training is necessary to use the evacuation chair, however, training is available upon request

SAFE REFUGE AREA (SRA) – When building occupants and visitors need to evacuate the premises, the gathering areas are as follows:

- Staff and visitors located on the first floor in the North section of the building (facing Telegraph Road) evacuate to the sidewalk on the Southeast corner of Telegraph Road and Pioneer Boulevard.
- Staff and visitors located on the second floor in the South section of the building evacuate to the island located at the end of the last row of parking in the LACOE, reserved parking section (adjacent to the EMS Admin Parking) on the South side of the building.
- All LACOE Personnel, evacuate to the circular grassy area located in the center of the parking lot – South of the building

A map of the property and the location of each evacuation / SRA attached. These pre-designated areas are incident driven and are subject to change if some unforeseen safety issue arises. Management is aware that an employee may not necessarily be at their assigned work area and may evacuate to any of the above SRA sites.

EMERGENCY MANAGEMENT ASSEMBLY LOCATION

On-site Managers from the EMS Agency, LACOE and the Early Intervention Program will gather at the EMS Agency vehicle parking lot to discuss the incident with Property Management and/or emergency authorities. Decisions regarding personnel and facility re-entry will be made by this group.

SHELTER IN PLACE

Depending on the situation, Occupant and or Property Management, with the recommendation of local emergency authorities, may order personnel from leaving the building for their protection, i.e. chemical emergencies, gas leaks or law enforcement activities. Depending on the situation, a partial or complete shelter in place may be ordered.

PROPERTY MANAGEMENT

1. Property Management personnel will place "No entry" signage at entry doors
2. Property Management personnel may shut down air handling equipment and elevators
3. Property Management will have items on hand and stored in the building should there be a need to seal doors and windows

OCCUPANTS

1. Consider shelter in place rooms with or without windows, vents and lockable doors depending on the situation
2. There should be a landline telephone in the room
3. Useful shelter in place items include:
 - Plastic sheeting
 - Duct tape
 - Battery operated radio and extra batteries
 - Towels to block the bottom of each door
 - Bottled water
 - First Aid Kit

ALL CLEAR

1. Occupant and or Property Management, with the recommendation of local emergency authorities will give the All Clear order
2. Property Management will remove all posted "No Entry" signage
3. Property Management personnel will re-start all air handling equipment and place elevators back in service
4. Evacuation Assistants may assist to notify occupants of the ALL CLEAR order
5. Evacuation Assistants should account for all employees and visitors

POWER FAILURES

When power failures occur, it is recommended that you turn off all electrical equipment such as computers, copiers, printers, etc. to avoid equipment damage from a power surge when power is restored. Property Management will determine the cause of the outage and the possible duration. Necessary information will be communicated to the occupants by Occupant and Property Management. Do not place repeated calls to Property Management to inquire about the ongoing power failure unless it is an emergency. Information will be report to you as it becomes available.

The back-up generator located on the premises only provides emergency power to the Medical Alert Center, Central Dispatch Office and the Department Operations Center located on the first floor.

ELEVATOR FAILURES

When elevator smoke detectors are activated, the elevators will automatically be recalled to the first-floor lobby and lock in position with the doors open for the fire department's use. When the second-floor elevator lobby smoke detector is activated, elevators will select an alternate floor. Exit the elevator and immediately leave the building via the closest available stairwell.

When power failures occur, elevators will stop in place. Remain calm and use the emergency phone in the elevator to call for assistance. The operator will contact the elevator service provider and Property Management to place an emergency service call.

Each elevator is equipped with an audible alarm which is activated by the elevator occupant. When you hear the alarm immediately contact Property Management and notify your supervisor.

EARTHQUAKES

In the event of a major earthquake, the BEC and/or Evacuation Assistants should help provide emergency instructions to building occupants and visitors. Telephones may not be operable; however, if they are and it is safe to do so you may use the telephone to place an emergency 9-1-1 call.

During an earthquake:

1. **"Drop, Cover, and Hold On"**

DROP where you are, onto your hands and knees. This position protects you from being knocked down and allows you to stay low and crawl to shelter if nearby.

COVER your head and neck with one arm and hand

- If a sturdy table or desk is nearby, crawl underneath it for shelter
- If no shelter is nearby, crawl next to an interior wall (away from windows)
- Stay on your knees; bend over to protect vital organs

COVER HOLD ON until shaking stops

- Under shelter: hold on to it with one hand; be ready to move with your shelter if it shifts
- No shelter: hold on to your head and neck with both arms and hands

2. If you are in a wheelchair or walker and are unable to take cover, **lock** your wheels; **cover** your head and neck with some type of object that will deflect the debris from falling on to you, and **hold on**.
3. Stay calm and remain under your cover until the shaking stops or the all clear signal is given by management, supervision or an Evacuation Assistant
4. Do not run out of the building during an earthquake
5. Remain inside the building and stay as far away from windows as possible
6. Do not use elevators unless instructed to do so by emergency personnel
7. If you are on an elevator, exit at the nearest floor and take cover
8. If trapped in an elevator, remain calm, push the alarm button and use the emergency telephone to call for help
9. Do not use matches, lighters or other open flame sources

After the Earthquake:

1. Follow the instructions of the BEC and/or the Evacuation Assistant
2. Prepare for evacuation or shelter in place procedures
3. Do not use matches, lighters or other open flame sources
4. Check for injured personnel, visitors, etc.
5. Check for fires
6. Be prepared to experience aftershocks
7. Keep out of the way of all emergency personnel and their vehicles
8. The BEC and Evacuation Assistants will check their areas for injuries and damages and assist as needed if safe to do so.
9. The BEC and Evacuation Assistants will report to the Department Operations Center (DOC), using the stairway to report findings to the EMS Agency Director or designee
10. The EMS Agency Director or designee will go to the DOC to meet with the BEC and Evacuation Assistants
11. The EMS Agency Director or designee after assessing the well-being of EMS staff will determine the appropriate course of action (evacuate building, return to work, release employees to home, activate DOC, etc.) and inform staff via the PA system
12. The EMS Agency Director or designee, as part of the Medical and Health Operational Area Coordinator function will assess the status of the Medical and Health Sector and determine the most appropriate course of action.

BUILDING EMERGENCY COORDINATOR (BEC)

In the event of an emergency, the Building Emergency Coordinator (BEC) and Evacuation Assistants will assist occupants and help ensure that emergency procedures are followed in a calm and efficient manner. The BEC and Evacuation Assistants are comprised of staff from the EMS Agency, LACOE Early Intervention Program and Property Management. BEC support include the following areas:

BEC (BUILDING EMERGENCY COORDINATOR)

1. Coordinate with department managers to assign persons as assistant BEC's.
2. Provide Evacuation Assistants with information and/or training as needed.
3. The BEC is the point of contact for each agency housed within the building for planning and coordination of emergency procedures
4. Coordinates a meeting twice a year, with the Evacuation Assistants during March and September to review the Building Emergency Plan
5. Ensures that the Building Emergency Plan meets Americans with Disability Act (ADA) requirements

FIRE SAFETY (Property Management)

1. Maintains and updates the Fire and Life Safety Plan
2. Develops, implements and maintains a fire prevention program including the education of occupants
3. Conducts fire safety drills with occupants annually
4. Develops a regular schedule of inspection and testing of all building owned life safety equipment
5. Maintains current keys and floor plan for all floors of the building for use by fire department personnel
6. Ensures that all areas are clear after everyone evacuates
7. Checks to ensure that all fire doors and stairwell doors are closed after evacuation
8. Checks all offices, restrooms, conference rooms, etc. to ensure that everyone has left the area

9. Assists with and assigns Aids for evacuating those who may have access and/or functional needs

EVACUATION ASSISTANTS

1. Assists building occupants with Emergency Procedures
2. Serves as the primary contact between the BEC and occupants in coordination of the Building Emergency Plan
3. Familiarizes themselves with the location of and proper use of all fire and emergency related equipment in their assigned area
4. Familiarizes themselves with the floor plan, building occupancy and egress points of the building

EVACUATION / SAFE REFUGE AREA

1. EMS Agency personnel shall announce the following emergency announcement TWO TIMES OVER THE P.A. SYSTEM:
2. **"THIS IS AN EMERGENCY, PLEASE LEAVE THE BUILDING AND REPORT TO YOUR PREDESIGNATED SAFE REFUGE AREA IMMEDIATELY"**
3. Directs building occupants not use the elevators during the emergency
4. Directs building occupants to the stairwells
5. Assists those with access and functional needs and waits until help arrives
6. BEC and the area manager maintains a current roster of staff who work on their floor or work area
7. Accounts for personnel in the Safe Refuge Area and coordinates with all Evacuation Assistants to ensure that all staff are accounted for
8. Communicates with the BEC members until the building is evacuated
9. Provides Fire and or Police Department with report a report of persons who are unaccounted for or any other pertinent information

ACCESS AND FUNCTIONAL NEEDS (AFN)

1. The BEC shall distribute the "Voluntary Request for Reasonable Accommodation" form to all staff annually.
2. Evacuation Assistants assigned to each area will coordinate with management, as needed, to assist individuals who requested evacuation assistance in time of an emergency.
3. Assists those with access and functional needs and when possible waits with them until help arrives.
4. Informs the fire department of the person(s) location who may not have left the building during an emergency.

ATTACHMENT- I

FORMS/DOCUMENTATION

Emergency Orientation Training

Emergency Procedures-Drills

Emergency Procedures Manual Fire Drill Report

BUILDING EMERGENCY PLAN DIRECTORY

EMERGENCY ORIENTATION TRAINING

These persons have received training in emergency procedures as required by the California Administrative Code, Title 19, Public Safety

Name	Signature	Floor	Date

EMERGENCY PROCEDURES DRILLS

These persons, tenants/occupants, have participated in an annual emergency drill for this building as required by the California Administrative Code, Title 19, Public Safety.

Name	Signature	Floor	Date

EMERGENCY PROCEDURES FIRE DRILL REPORT

Building _____ Floor _____

Date _____

Time Drill Began _____

Time Drill Completed _____ Elapsed Time _____ (Minutes)

Place **Yes** or **No** answers on the spaces provided for those items which are applicable to your floor or unit.

COMMUNICATIONS

___ Was the fire alarm clearly heard in all areas?

___ Was the public address system clearly heard in all are?

___ Was the Fire Department notified? Time _____

___ Was security notified (applies to LACOE/Early Intervention Program)?

UTILITIES

___ Were corridors and exits kept clear?

___ Were lights left on?

___ Was the ventilating system shut down?

RECORDS

___ Were important documents and cash secured or prepared for removal?

Remarks and recommendations: Explain all "no" answers. Use reverse side for additional comments or problems encountered.

A copy of this report is to be completed immediately after each fire drill and kept readily available for review by the local fire inspector upon request

Signature (BEC)

ATTACHMENT - II

VOLUNTARY REQUEST FOR REASONABLE ACCOMMODATIONS PROCESS

SAMPLE LETTER

LOS ANGELES COUNTY VOLUNTARY REQUEST FOR REASONABLE ACCOMODATION FORM

NOTICE of SAFE COUNTY FACILITY EVACUATION GUIDELINES

VOLUNTARY REQUEST FOR EVACUATION ASSISTANCE

EVACUATION TEAM MEMBER RESPONSIBILITIES

BOMB THREAT CHECKLIST

INCIDENT THREAT, BUILDING EVACUATION AND BUILDING CLOSURE REPORTING FORM

SECURITY INCIDENT REPORT

CODE REFERENCE SHEET FOR SECURITY INCIDENT REPORTS

VOLUNTARY REQUEST FOR REASONABLE ACCOMMODATIONS PROCESS

Background

On October 8, 1997, the Chief Administrative Officer for the County of Los Angeles forwarded a letter to all Department Heads. His letter advised all departments to immediately implement procedures for the safe evacuation of persons with disabilities from County facilities in a time of emergency. The letter further required departments to coordinate the distribution and collection of "Voluntary Request for Reasonable Accommodation" forms. These actions are ongoing responsibilities. The forms should be distributed to all department employees each March.

Action

Attachment to this document is a sample letter which may be used by departments when distributing the "Voluntary Request for Reasonable Accommodation" form each March. The letter is to be sent to all employees to provide them with a voluntary opportunity to request accommodation in a time of emergency. There should also be a "Notice of Safe County Facility" sign posted on all employee bulletins. The poster also advises employees of the opportunity to voluntarily submit requests for reasonable accommodation.

Completed Forms

Once an employee completes an accommodation request, the form will be submitted to the employee's supervisor, Departmental ADA Coordinator, or Departmental Personnel Officer. The Departmental ADA Coordinator should confer with the Building Emergency Coordinator (BEC) for the facility in which the employee works to ensure the BEC arranges a meeting with management and the self-identified person with a disability. If the Departmental ADA coordinator is unable to participate in the meeting, he/she should be advised of the results, especially if there is a need to provide an evacuation assistive device.

Follow-up

After an accommodation, has been confirmed, the Departmental ADA Coordinator should follow-up with the individual with a disability to keep the employee advised of the status of the accommodation being provided.

The Department of Health Services ADA contact:

Michelle Merino
DHS/Human Resources Leave Management
5555 Ferguson Drive, First Floor
Commerce, CA 90022
(323) 914-7122 Office
mmerino@dhs.lacounty.gov

SAMPLE LETTER

**To be used in March of each year and forwarded to all employees with a
Voluntary Request for Reasonable Accommodation Form**

Date

To: All Employees

From: Department Head

Subject: **EMERGENCY EVACUATION ASSISTANCE
FOR PERSONS WITH DISABILITIES**

The Department of _____ is committed to the safe evacuation of all persons from County facilities in an emergency. The Department is also committed to the goals of the Americans with Disabilities Act (ADA), the County Policy of Nondiscrimination on the Basis of Disability, and the provision of Reasonable Accommodation as defined in the ADA.

In an emergency, the path of travel for many facilities may not be accessible because elevators are shut down and debris blocks hallways. There are a multitude of problems which may exist, including the loss of primary lighting, water damage, and communication disruption. These pose specific problems for people with disabilities.

If you believe that because of a disability, you may need evacuation assistance in an emergency, please complete the enclosed Voluntary Request for Reasonable Accommodation form and forward it to your supervisor, Departmental ADA Coordinator or the Departmental Personnel Officer of the Department. All information submitted will remain confidential, as required by the Americans with Disabilities Act.

For more information about the ADA, Nondiscrimination on the Basis of Disability, or Reasonable Accommodation, contact your Departmental ADA Coordinator, Departmental Personnel Officer or the Federal Region IX ADA Technical Assistance Center at (800) 949-4232 (Voice or TTY). The ADA Technical Assistance Center is a free service.

XX:XX
Pathdrive

Enclosure

Los Angeles County



Voluntary Request for Reasonable Accommodation Form

If you have a disability that is covered (protected) under the federal Americans with Disabilities Act (ADA) and/or the California Fair Employment and Housing Act (FEHA) and you are a qualified individual, you are entitled to a Reasonable Accommodation that does not pose an undue hardship. Reasonable Accommodation may be requested for these purposes:

1. To complete the employment application process.
2. To perform essential job functions.
3. To have the same benefits and privileges as non-disabled employees.
4. To obtain evacuation assistance in a time of emergency.

Use this form to request a Reasonable Accommodation. Return it to your supervisor, your Department Director of Personnel, or submit it directly to the Departmental ADA Coordinator.

Date: _____ ☐ Applicant ☐ Employee ☐ Visitor Department: _____

From: Name _____

Work Phone No. () _____ Home Phone No. () _____

Address (Worksite/Home) _____

Job Title _____ Supervisor _____

I believe I am protected from discrimination because I have a protected disability (a physical or mental impairment that limits one or more major life activities) and I am a qualified applicant or an employee of Los Angeles County who is entitled to accommodation based on disability.

Documentation of Protected Status

When requesting Reasonable Accommodation, be prepared to provide documentation of your protected status. All such documentation will be treated confidentially.

I need an accommodation for this reason:

- ☐ 1. To complete the employment application process
- ☐ 2. To perform essential job functions
- ☐ 3. To have the same benefits and privileges of non-disabled employees
- ☐ 4. To obtain evacuation assistance in a time of emergency

How does your limitation restrict your ability to accomplish or obtain one of the four items listed above? (Please describe as specifically as possible. If related to the performance of job responsibilities, state the task(s) for which you need an accommodation, and describe the difficulty you have performing that task.)

What type(s) of accommodations do you believe would be effective?

What, if any, is the anticipated cost of this/these accommodations?

In rare circumstances the accommodation cost may be an undue hardship. In the event we determine that this cost would be an undue hardship, are you aware of a third party, such as the Department of Rehabilitation, who would pay part or all of the cost of this accommodation?

Yes ☐ No ☐

Signature _____ Date _____

Your request will be given thorough consideration. Upon receipt of your request, the department will notify you of either the approval of your request, requirement of additional documentation, or the time frame for consideration. There is a requirement for the department to conduct an interactive conversation with you regarding accommodation options. Therefore, in this process, the department may discuss alternatives with you and contact you for additional information before making a decision. As soon as the department has reached a decision, you will be informed. Once the department has obtained from your complete documentation of your limitations for which you are requesting accommodation, you will be informed within 30 days of progress or a decision date. If you disagree with the department's determination at the conclusion of the Reasonable Accommodation process, you have the right to file a complaint with the Office of Affirmative Action Compliance. Likewise, if you believe the Reasonable Accommodation process is being conducted in a discriminating manner, you also have the right to file a complaint. Complaints may be filed with the Investigations Section of the Office of Affirmative Action Compliance.

This form is available in alternate format from the Departmental
Personnel Officer,
ADA Coordinator or your supervisor upon request.



COUNTY OF LOS ANGELES

Notice of Safe County Facility Evacuation Guidelines

The County of Los Angeles Department of _____ is committed to the safe evacuation of employees and visitors to County facilities, including individuals with disabilities.

If you are a person with a disability who may require assistance to evacuate the building in a time of emergency, you may choose to complete a Voluntary Request for Evacuation Assistance Form. These forms are available from the Building Emergency Coordinator at:

(Department)

(Address)

This notice and related materials are available in alternate format.



County of Los Angeles

Voluntary Request for Evacuation Assistance

The County of Los Angeles is committed to the safe evacuation of all visitors to County facilities, including individuals with disabilities. If an emergency evacuation were to become necessary today, and you are a person with a disability who may require assistance to evacuate the building, you may choose to complete this form to voluntarily request Evacuation Assistance in the event of an emergency. Submit completed form to the Building Emergency Coordinator.

DATE: _____ ARRIVAL TIME: _____

NAME: _____

Method to contact you while you are on premises:

CELLULAR TELEPHONE: _____

PAGER: _____

OTHER: _____

1. What is the floor and room number in which you are conducting business?

2. How long do you estimate that you will be in this location? _____

3. What manner of assistance do you believe would be of most help to you (e.g. an evacuation assistant for a visually impaired person or an individual with mental disability, evacuation equipment for a person with a mobility impairment, evacuation of a service animal, etc.)? _____

Signature: _____

EVACUATION TEAM MEMBER RESPONSIBILITIES

Departmental ADA Coordinator Responsibilities

1. Administer the Voluntary Request for Reasonable Accommodation Form to allow the self-disclosure of individuals with disabilities and maintain confidentiality of information. All County Departmental ADA Coordinators will distribute the reasonable accommodation form annually.
2. In instances where an individual has an obvious physical or mental condition that limits a major life activity, and submits a Voluntary Request for Reasonable Accommodation Form requesting evacuation assistance, the Departmental ADA Coordinator should initiate an interactive discussion with the individual and, after discussion with the BEC, provide an effective accommodation. The results should be documented and placed in a confidential file separate from the individual's personnel file.
3. Even in instances where the individual requesting emergency evacuation assistance does not appear to meet the state or federal definition of disability, confer with the BEC regarding the assistance request as the County is committed to the safe evacuation of all individuals. Determine and provide, as necessary, appropriate accommodations for these requests and document the information in a confidential file separate from the individual's personnel file.
4. When the evacuation accommodations to be provided by the department are different from those requested by the individual, and the individual meets the state or federal definition of disability, have an interactive discussion with the individual that includes appeal rights.
5. Provide an updated list of the persons being provided evacuation accommodation and the accommodation being provided to the BEC as necessary.
6. Follow department procedure for purchase of any agreed upon accommodations which require an expenditure.

Building Emergency Coordinator (BEC) Responsibilities

1. Refer all Requests for Reasonable Accommodation to the Departmental ADA Coordinator who is the lead person within the department responsible for ADA requests involving emergency evacuation.
2. Review all evacuation accommodation requests with the Departmental ADA Coordinator to ensure confirmation of all accommodations.

3. Once evacuation accommodation is provided, ensure the accommodation is incorporated into the evacuation procedure.
4. Coordinate a meeting with each person with a disability and their Floor Warden/Area Coordinator to review approved emergency/disaster accommodations or, if necessary, to initiate Evacuation Assistant discussion.
5. Maintain, confidentially, a list of all persons provided accommodation and the appropriate accommodation provided.
6. Coordinate annually in April, an emergency evacuation drill in an effort to continually improve the emergency plan for persons with disabilities.
 - A. Floor Wardens and BEC's should meet after each drill to assess the building evacuation and possible improvements that could be made.
 - B. Information discussed among Floor Wardens and BEC's should be shared with the Emergency Preparedness Disability Advisory Committee for input, comments and possible areas of improvement.
7. Coordinate, at least annually, a training seminar for Evacuation Assistants on "how to effectively assist in evacuating persons with disabilities in a time of emergency".
8. When an emergency occurs, coordinate with designated individuals in the facility, the names and locations of self-identified visitors with disabilities.

Floor Warden/Area Coordinator Responsibilities

1. via an interactive process with the self-identifying person with a disability, discuss evacuation accommodation and potential Evacuation Assistants.
2. Select Evacuation Assistants and backups suggested by self-identifying person with a disability who are willing and able to work with identified individuals and/or visitors with disabilities at times of evacuation. Retain confidentiality of names of persons with disabilities until Evacuation Assistants agree to help.
3. Provide a list to the BEC of assigned and backup Evacuation Assistants.
4. After the Evacuation Assistants are selected, encourage individuals with disabilities and their assigned Evacuation Assistants to develop individual plans for emergency evacuation and practice them at least annually.
5. If an individual written evacuation plan is developed, it should be kept by the individual with a disability. (Note: It is suggested the written individual evacuation plan be provided to the Floor Warden or Area Coordinator.)

6. Ensure backup Evacuation Assistants are trained to evacuate visitors with disabilities and/or injured employees.
7. Work cooperatively with BEC's to assess, after each drill, the building evacuation and possible improvements that can be made.

Evacuation Assistant Responsibilities

1. Develop an individual plan with the person with a disability to whom he/she is assigned. The individual with a disability is the expert on his/her disability and is best equipped to determine the role of the Evacuation Assistants in efficient evacuation. Through an interactive discussion, the plan will identify what to do and, if appropriate, provide for evacuation of service animals or essential adaptive equipment (e.g., a wheelchair) in an emergency. If a written plan is developed, it should be kept by the individual with a disability. (Note: The written individual evacuation plan should be provided to the Floor Warden or Area Coordinator. However, the written plan may not be shared with any individual without the agreement of the person with a disability.)
2. At least annually, practice implementing the individual plan for emergency evacuation. (Note: It may not be practical in all cases to perform an actual physical evacuation drill with the person with a disability. The evacuation drill may be completed by talking through the process of evacuation.)
3. Evacuation Assistants not assigned a specific individual with a disability should report to the emergency area to assist injured persons and visitors with disabilities evacuate as directed by the Floor Warden or Area Coordinator.
4. If the person with a disability requests an additional evacuation accommodation that requires an expenditure, the request will be forwarded to the **Departmental ADA Coordinator** for action with the BEC.

**COUNTY OF LOS ANGELES
BUILDING EMERGENCY PLAN TEMPLATE
FOR COUNTY BUILDINGS**

Bomb Threat Checklist

Date:

Time:

Time Caller Hung Up:

Caller Phone Number/Where Call Received:

Ask Caller:

- Where is the bomb located? (Building, Floor, Room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (Background and level of noise)
- Estimated age:
- Is voice familiar? If so, who does it sound like?
- Other points:

See Checklist on Next Page

Revised: June 2017

**COUNTY OF LOS ANGELES
BUILDING EMERGENCY PLAN TEMPLATE
FOR COUNTY BUILDINGS**

Bomb Threat Checklist (continued)

Caller's Voice	Background Sounds	Threat Language
Accent Angry Calm Clearing throat Coughing Cracking voice Crying Conversation Deep Deep breathing Disguised Clear Distinct Excited Female Local Lisp Loud Male Nasal Normal Ragged Rapid Raspy Slow Slurred Soft Stutter Other Information: 	Animal Noises Street Noises House Noises Kitchen Noises PA system Booth Music Motor Static Office machinery Factory Machinery Laughter Long distance 	Incoherent Message read Taped Irrational Profane Well-spoken

Revised: June 2017

INCIDENT THREAT, BUILDING EVACUATION AND BUILDING CLOSURE REPORTING FORM

Report this information to the Office of Emergency Management Duty Officer at (323) 459-3779 or via email at dutyofficer@ceooem.lacounty.gov after calling the appropriate local law enforcement agency.

DATE: ____/____/____	TIME REPORTED TO OEM: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME REPORTED TO LAW ENFORCEMENT: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME REPORTED TO CAO: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME REPORTED TO SOU: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
TYPE OF INCIDENT: (Check One) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> BOMB THREAT </div> <div> <input type="checkbox"/> HAZARDOUS MATERIAL <input type="checkbox"/> ACTS OF TERRORISM </div> <div> <input type="checkbox"/> BIO-HAZARD <input type="checkbox"/> OTHER (Explain): _____ </div> </div>	
DEPARTMENT: _____	
INCIDENT ADDRESS: _____	
ACTION TAKEN: (Check all applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> BUILDING EVACUATION <input type="checkbox"/> INVESTIGATION ONLY <input type="checkbox"/> SECURITY INCIDENT REPORT FILED WITH THE SECURITY OPERATIONS UNIT </div> <div> <input type="checkbox"/> BUILDING CLOSURE <input type="checkbox"/> OTHER (Explain): _____ </div> <div> <input type="checkbox"/> BUILDING SEARCH </div> </div>	
IF BUILDING IS EVACUATED: TIME: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM EVACUATION AUTHORIZED BY: _____ BUILDING REOCCUPIED: <input type="checkbox"/> YES <input type="checkbox"/> NO TIME: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
IF BUILDING WAS CLOSED: TIME: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM EMPLOYEES SENT HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO EMPLOYEES REASSIGNED: <input type="checkbox"/> YES <input type="checkbox"/> NO ALTERNATE WORK LOCATION/ADDRESS: _____	
NARRATIVE: (This section may include information such as type of bomb or haz-mat found, location, incident status, injuries, first responders handling incident, number of injuries, etc.)	
PREPARED BY: _____	TITLE: _____

COUNTY OF LOS ANGELES
BOARD OF SUPERVISORS -- EXECUTIVE OFFICE
SECURITY OPERATIONS UNIT

SECURITY INCIDENT REPORT

INCIDENT CODE:
(Refer to Code Sheet)

INSTRUCTIONS: This report shall be completed by the person reporting or involved in the incident or their manager/supervisor (or designee). The completed Report shall be delivered to the Security Operations Unit, 500 West Temple Street, Room #B-98, Los Angeles, California 90012, or sent electronically to sir@laed.org (e-mail) or (213) 813-0848 (fax) no later than the end of the business day following the date of the incident.

Please refer to the accompanying Incident Code Reference Sheet for determining the proper incident code. Use a separate form(s) to report multiple individual incidents. Call the Security Operations Unit (SOU) at (213) 893-2031 for additional information.

A SECURITY INCIDENT IS DEFINED AS:

- An incident placing a person or property at risk that requires action by law enforcement authorities or security personnel at a County facility whether they were summoned or not; or
- An incident placing a person at risk involving an on-duty County employee during the performance of their official duties. This classification includes while walking to or from an off-site parking facility at the start or end of the workday; or
- An incident of a suspicious or unusual nature on County Property that place people or property at risk; or
- An incident that occurred during non-business hours that impacts or affects the County workplace.

I. DATE OCCURRED: _____ TIME OCCURRED: _____ DATE COMPLETED: _____

COUNTY DEPARTMENT REPORTING: _____

ADDRESS OF FACILITY: _____

☐ On-site security services contracted with Sheriff's Department

ADDRESS OF INCIDENT: (If different) _____

SUMMARY OF INCIDENT: (BRIEFLY describe the incident here, include full names (first and last), use separate sheet to document details, if necessary.)

☐ Continued on a separate sheet(s)

OTHER PARTIES INVOLVED NOT LISTED IN SUMMARY: (List any additional parties on a separate sheet)

1) Name: _____ ☐ Employee Gender: _____ Emp#/DOB/Age: _____

2) Name: _____ ☐ Employee Gender: _____ Emp#/DOB/Age: _____

3) Name: _____ ☐ Employee Gender: _____ Emp#/DOB/Age: _____

II. WORKPLACE VIOLENCE CHECKLIST:

- | | |
|--|--|
| <input type="checkbox"/> The VICTIM is a County employee? | <input type="checkbox"/> The SUSPECT is a County employee. |
| <input type="checkbox"/> There was a physical ACT OF VIOLENCE? | <input type="checkbox"/> There was a verbal/written THREAT OF VIOLENCE |
| <input type="checkbox"/> FIREARM (gun) used | <input type="checkbox"/> Other WEAPON used, non-firearm. Type: _____ |
| <input type="checkbox"/> HATE CRIME (per 422.55-75 PC) | <input type="checkbox"/> RECURRENT ISSUE: Previous Incident(s) <input type="checkbox"/> Reported <input type="checkbox"/> Not Reported |
| <input type="checkbox"/> Law Enforcement RESPONDED-Agency: _____ | <input type="checkbox"/> Complaint/Crime REPORT Taken-Report #: _____ |

III. SAFETY PLAN: The actions below should be considered when dealing with an act or threat of violence if necessary, check ALL that apply:

- | | |
|--|--|
| <input type="checkbox"/> 1) On-site security notified. | <input type="checkbox"/> 2) Parties Involved were separated. |
| <input type="checkbox"/> 3) Offer/obtain medical treatment for affected employee(s). | <input type="checkbox"/> 4) Offer Security escort to their vehicle/modify parking assignment. |
| <input type="checkbox"/> 5) Offer employee reassignment/alternate workplace | <input type="checkbox"/> 6) Offer County Employee Assistance Program (EAP) services |
| <input type="checkbox"/> 7) Law enforcement patrol check requested for workplace/home. | <input type="checkbox"/> 8) Obtain and attach copies of written witness affidavits/statements. |
| <input type="checkbox"/> 9) Emergency Protective Order obtained from law enforcement. | <input type="checkbox"/> 10) Consult with Security Operations Unit (SOU) personnel. |
| <input type="checkbox"/> 11) Seek/request assistance in obtaining a Restraining Order from the Office of County Counsel at (213) 974-8394. | |
| <input type="checkbox"/> 12) Initiate an Incident Event Log (per DHR#20) and maintained by: _____ | |
| <input type="checkbox"/> 13) Other action(s) taken: _____ | |

REPORTED BY: _____ TELEPHONE: _____ EMAIL: _____

MANAGER: _____ TELEPHONE: _____ EMAIL: _____

SIR Form (Revised 2017)



**CODE REFERENCE SHEET
FOR SECURITY INCIDENT REPORTS
DO NOT SUBMIT THIS FORM WITH YOUR REPORT**

B. ROBBERY: *The taking of property by force or fear*

1. Robbery of a County facility or employee in the performance of their duties
2. Robbery of a person, including employee, not performing their duties

D. SEXUAL ASSAULT: *A term which covers a range of crimes, including rape; non-consensual sex*

1. Rape of a County employee
2. Rape of someone other than a County employee
3. Other sex-related incident

E. ASSAULT: *The physical battering of another person*

1. Assault with a weapon
2. Assault without a weapon requiring medical attention
3. Assault with only minor or no injuries and no weapon used

G. DISTURBANCE: *The disruption of routine business*

1. Disturbance of a County facility or employee while performing their duties
2. Disturbance created by a County employee, relation, or domestic partner
3. Disturbance not involving County employee(s).
4. Inappropriate communication

H. THREAT: *Expressed or implied threat of violence or harm*

1. Bomb threat
2. Suicide threat (*involving employee or workplace*)
3. Threat on a County owned or leased facility or event (*not "Bomb Threat"*)
4. Physical, verbal, or written threat to a County employee.
5. Workplace Bullying/Recurrent Intimidation

J. SUSPICIOUS ACTIVITY: *Unusual behavior/activity*

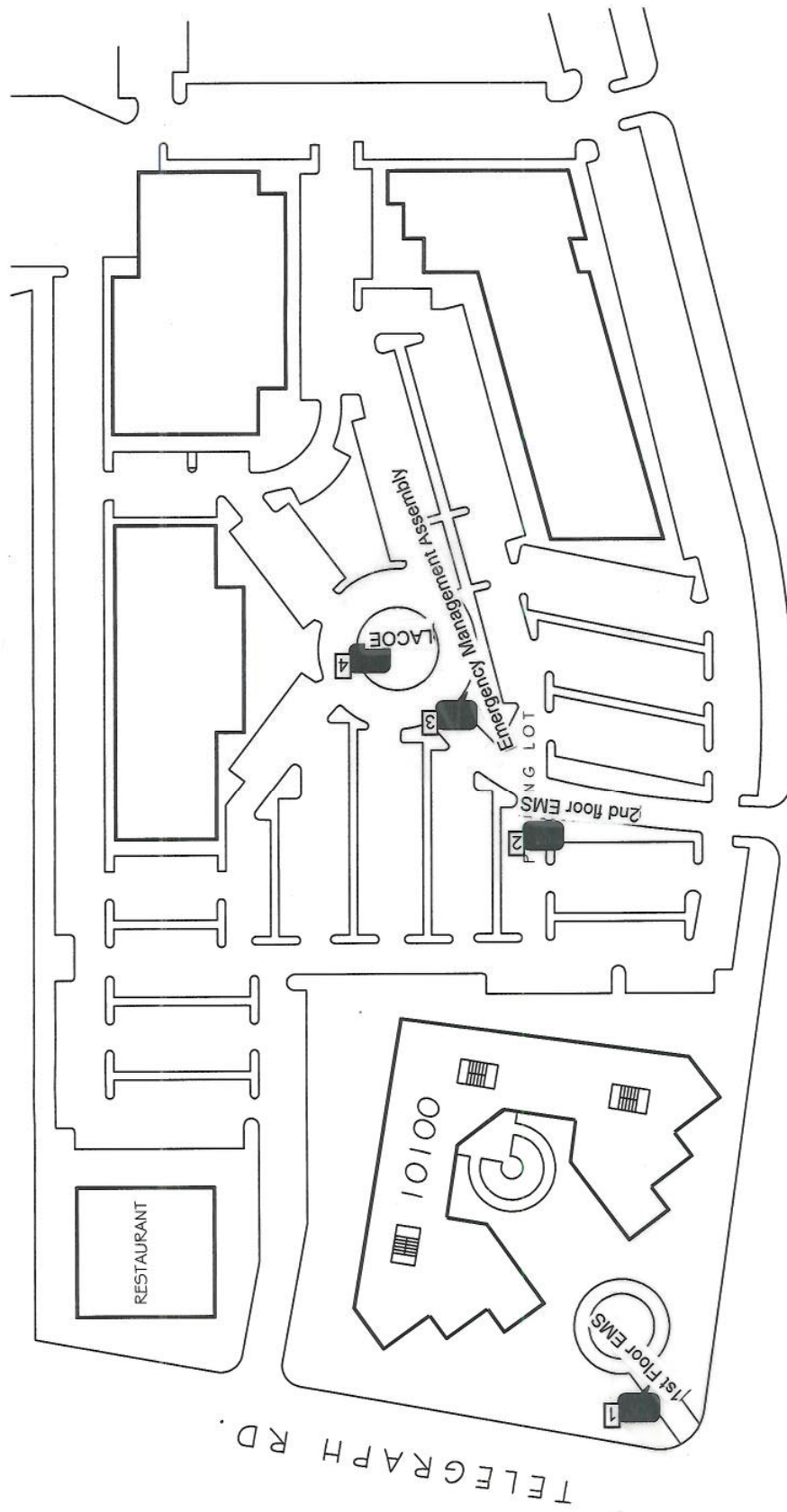
1. Suspicious activity by a County employee
2. Suspicious activity by a non-County employee
3. Suspicious package

O. OTHER: *Acts/activities not covered in any of the previous classifications*

1. Other activity, such as property crimes, with elements of Workplace Violence (including acts of vandalism, theft, burglary, arson, or theft). Please explain in detail.

(Revised 2016/01/01)

SAFE REFUGE AREAS & MAP



EVACUATION PROCEDURES

- USE THE NEAREST STAIRWELL
- EXIT IN AN ORDERLY MANNER
- FOLLOW PATH TO THE SAFE REFUGE AREA (SRA)
- WAIT AT THE SRA FOR FURTHER INSTRUCTIONS



MAP OF SAFE REFUGE AREA

The **yellow stars** reflect refuge areas for the EMS Agency personnel. Personnel assigned to the 1st floor will exit the building and stage at the northwest corner of the property.

Personnel assigned to the 2nd floor will exit the building and stage at the grassy area, near the trees of the last row of the parking lot that parallels the entrance from Pioneer Blvd.

The **blue star** reflects the refuge area for the LACOE and Early Intervention Program personnel. Personnel will gather at the circle grassy area in the parking lot

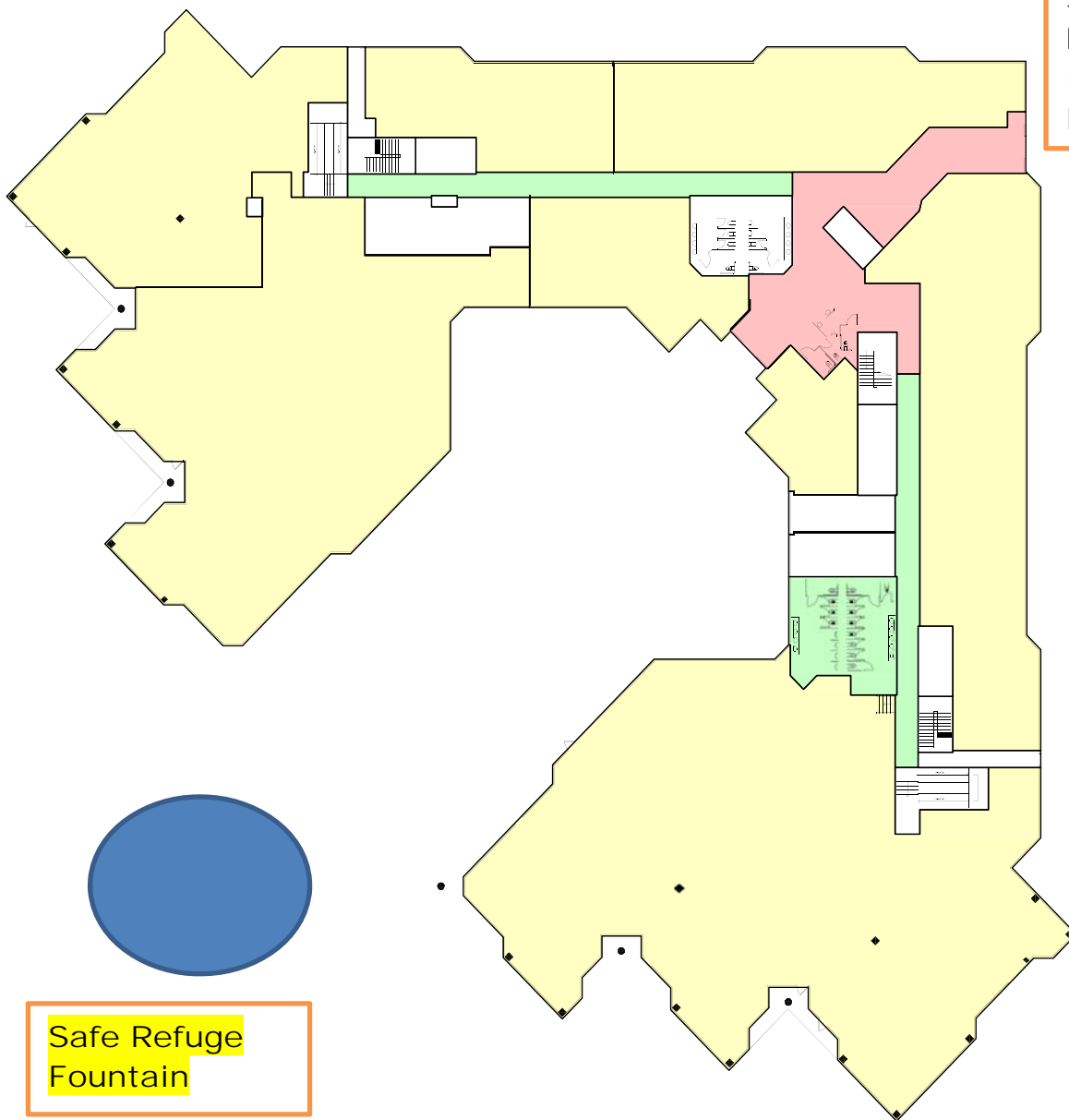
The **red circle** indicates the staging area for the Emergency Management personnel from LACOE, EMS Agency, Early Intervention Program, and the Property Management.

Staff will remain at their designated location until all are accounted for and the “All Clear” signal has been given.

First Floor

Safe Refuge
Maggie's Parking Lot

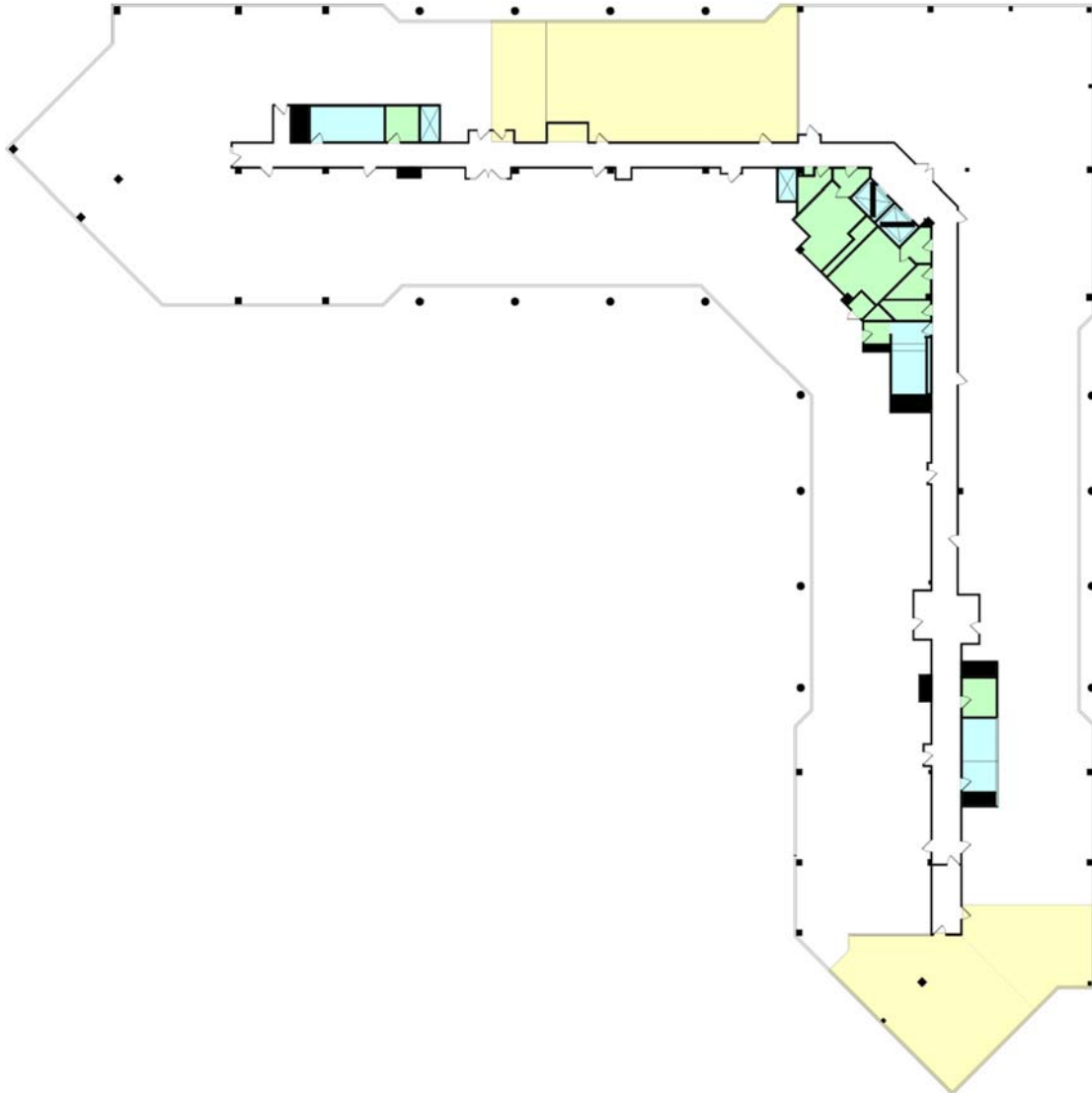
Safe Refuge
Main
Entrance
Parking Lot



Safe Refuge
Fountain

Safe
Refuge ★
Main
Entrance

Second Floor



Third Floor

